PRIMARY SEG. DIST. NO. 240 PRIMARY SEG. DIST. NO. 25 Originary: No. 79	**			EALTH OF MISSOURI		and a second
1. PLACE OF DEATH B. COUNTY B. COUNTY B. COUNTY B. COUNTY C. CITY C. CITY C. CITY TONN D. CITY (II syndia formpytes limits, write BURget and give township) B. CITY (II syndia formpytes limits, write BUrget and give township) C. CITY TONN D. CITY TONN D. COUNTY D. COUNTY TONN D				IFICATE OF DEATH	State File No	9714
B. COUNTY b. CITY OF DEED foregraphs limits, write BURGEL and drive township of the spent address or street township or street township or spent address or spent address or street township or spent address o	BIRTH NO. LED AP	R 14 1954	REG. DIST. NO. 294	_ PRIMARY REG. DIST. NO.	Ba & GRegistrar's No	79
TOWN		an As	ejîh .	a. STATE AA 1	, b. COUNTY H	titution: residence before
d. FULL NAME OF CIT and is beginning active system advisore or industry. ADDRESS G. (Pirst) G. (Pirst) G. (Pirst) G. (Last) G	OR (h.:	royate limita, write	RURAL and give C. LENGTH O STAY tip this pla	F C. CITY OR TOWN Nober	ly 088 3 d. la Rea	idence within splits of or incorporated town?
S. SEX S. SEX	d. FULL NAME OF C HOSPITAL OR INSTITUTION	1 1 10)∥ .STREET αιπ	ural, title location) West Reed	Sheet
5. SEX COLOR OR RACE 7. MARRIED. NEVER MARRIED. 8. DATE OF BIRTH 9. AGE LIV/shall by indicate that provided in the property of the property of the provided of the provided of the property of the provided of the pro		` '-	A JAVE	PUTTER	4. DATE (Month) OF DEATH (Month)	(Day) (Year) 8-1954
Acouplariang most of working life, were it retired) DUSTRY TURNAL COUNTRY? 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN WALE 14. NAME OF HUSSAND-OR THEE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANTY'S SIGNATURE OR NAME ADDRES 15. CAUSE OF DEATH Enter only one outside part 11. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car (c) no ma o fund INTERVAL BETWEEN 15. CAUSE OF DEATH Enter only one outside part 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car (c) no ma o fund OSST AND DEATH* (a) **This does not mean the distance of conditions, if any, giring DUE TO (b) **This does not mean the distance of conditions, if any, giring DUE TO (c) **This does not mean the distance of conditions of the decide but not reduced death. OTHER SIGNIFICANT CONDITIONS 15a. DATE OF OPERA. DIRECTLY LEADING TO DEATH* (a) DUE TO (c) 15a. DATE OF OPERA. OTHER SIGNIFICANT CONDITIONS 15a. DATE OF OPERA. DIRECTLY COUNTY DIRECTLY COUNTY 15a. DATE OF OPERA. OTHER SIGNIFICANT CONDITIONS 15a. DATE OF OTHER SIGNIFICANT CONDITIONS	5. SEX 6.	color or race	WIDOWED, DIVORCED (8)	8. DATE OF BIRTH	9. AGE (In/years of those last birthflaty) Months	
SECONDITION SOCIED STATE SOCIAL SECURITY 17. INFORMANTY SIGNATURE OR NAME ADDRES	done during most of world	ng life, even if retired		Y Wallswill	State or Foreign Country	12. CITIZEN OF WHA
Continue of the property County C	11	n Ewen	36. MOTHER'S MAIDE	Roberts 40	have of Husband on the	ter_
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, ide. If means the discase, injury, or complication which caused death. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about body, e.g.) Principle (Bpeelity) 21b. PLACE OF INJURY (e.g., in or about body, e.g.) Principle (Book) 10. OTHER SIGNIFICANT CONDITIONS 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 10. OTHER SIGNIFICANT CONDITIONS 21d. TIME (Mooth) 10. OTHER SIGNIFICANT CONDITIONS 21d. MOOTH OF OPERATION 21d. ACCIDENT SUICIDE 10. Mooth) 10. Mooth) 10. OTHER SIGNIFICANT CONDITIONS 21d. Mooth or related to the death but not related to the death of t	(II) (Yee, no, or unknown)		of service) home NC	Whn J. Ru	GNATURE OR NAME	
**This does not mean the mode of dying, such as heart failure, exhemic to the above cause (a) stating the underlying cause last. **DUE TO (b) **DUE TO (c) **II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **III. OTHER SIGNIFICANT CONDITIONS CONDITIONS **III. OTHER SIGNIFICANT CONDITIONS **III. OTHER SIGNIFICANT CONDITIONS CONDITIONS **III. OTHER SIGNIFICANT CONDI	Enter only one cause per	I. DISEASE OR DIRECTLY LEAD	CONDITION DING TO DEATH*(a)	CERTIFICATION"	lung,	INTERVAL BETWEE
Ease, Injury, or compileration which caused death. 11. OTHER SIGNIFICANT CONDITIONS 12. DATE OF OPERATION 13. DATE OF OPERATION 13. DATE OF OPERATION 14. ACCIDENT SUICIDE HOMICIDE 15. Major Findings of Operation 16. Sy yes no 17. Notweller of the disease or condition causing death. 18. DATE OF OPERATION 18. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21d. ACCIDENT SUICIDE HOMICIDE 10. Mounth 10.	the mode of dying, such as heart failure, asthenia,	Morbid condition	ns, if any, giving DUE TO (b) cause (a) stating suse last.	astatic; on	gindal ca	few mon-
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SUICIDE Bome, farm, factory, street, office bldg., etc.)	19a. DATE OF OPERA- TION				165 X	
INJURY Mark Not while At work At work	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., esc		SHIP) (COUNTY)	(STATE)
22. I hereby certify that I attended the deceased from 19 1, 19 1, 10 1,	OF	:	MHILE AT NOT WHILE]{	IR7	
W. D. Gluto MD 2082 N 4- 24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State DON, REMOVAL OFFICIAL ACCOUNTY) (State DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE 264 25 FUNERAL DIRECTOR'S SIGNATURE) ADDRESS	22. I hereby certify alive on BIF	hat I attended pr, 195	the deceased from TAP 3	i # 10 A m. From the car	Eu''	d above.
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE 264 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	W. D. (5 100000	UMD	12085 N 4	死	9 Am 5 y
BEG BESTON STONE	TION, REMOVAL Boots) april-12	7-1954 Sunset Memo	nal Gardens M	oberly Hu	souri
(Licensed Embalmer's Statement on Reverse Side)	DATE REC'D BY LOCAL		barrion lous	Snow Tuneral	Home Mabul	mo.

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is recorded on the reverse s	side of th	nis certificate	was em
by n	ne. or by	Student	Embalmer N	0

working under my personal supervision..

Signature of Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITIN

to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.